

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028132

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 39

FILED JUL 18 1962

## 1. PLACE OF DEATH

a. COUNTY Phelpsb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. James Twp

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE California b. COUNTY Orangec. CITY  
OR  
TOWN OrangeInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION NoneInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)  
173 Jewell PlaceReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ernest Nacif4. DATE  
OF  
DEATH

Month

Day

Year

July 16, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-6-1935

## 9. AGE (last birthday)

26

## IF UNDER 1 YEAR

Months 10 Days 10 Hours 10 Min. 10

## IF UNDER 24 HR

Hours 10 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Air Craft

10b. KIND OF BUSINESS OR INDUSTRY

Hughes Air Craft

11. BIRTHPLACE (City and state or country)

Mexico

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Elies Wagee

## 13b. MOTHER'S MAIDEN NAME

Mary

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no no

## 17. INFORMANT

173 Jewell Place  
Oscar Saez, Orange, Calif

## 18. CAUSE OF DEATH (Enter only one cause per line for terminal condition)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fractures of CervicalINTERVAL BETWEEN  
ONSET AND DEATHImmediateConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile Accident20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)Highway 66

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Phelps Mo.

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

2 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Paul E. Hull CoronerRolla, Missouri7-17-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

Removal7-18-1962Orange, California

## 24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Jesse Gahr St. James, Mo.7-17-62Ruth R. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/591 08102 804034 05 067 28 29 X1011 08112 91-313 2-0

JUL 25 1962

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

C. Jesse Gahr

Licensed Embalmer No.

4486

P. O. Address

St. James, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.